



Dear Applicant,

We must all work together to ensure children and youth in the District of Columbia are provided with the highest quality of nutritious foods each and every day. This can be done most effectively by working with the Office of the State Superintendent of Education (OSSE) through the US Department of Agriculture, Child Nutrition Programs which include the National School Lunch and Breakfast Programs, the Child and Adult Care Food Program and the Summer Food Service Program.

The first step for your organization to receive funds for providing free meals to children and youth during the summer months begins with completing an application to participate in the USDA Summer Food Service Program (SFSP), also known as the DC Free Summer Meals Program (FSMP). The State Agency will provide training and technical assistance on food-service operations, nutrition education and guidance on meeting food safety requirements.

Hunger doesn't take a summer break and neither should access to nutritious meals. It is essential that children continue to receive sufficient and appropriate nutrition and exercise during the summer months so they may continue to grow stronger in mind and body. The importance of a healthy diet and exercise on a regular basis cannot be overstated as it is vital for maintaining a healthy body weight. It will also validate that access to healthy nutrition will decrease the incidence of obesity, high blood pressure and type-II diabetes; as suggested by various health studies. Statistics have shown that an increasing number of urban children and youth are affected by these health plights and the children of DC are not immune to these health issues. **Community and faith-based organizations, schools, child care centers, family day care homes, adult day care centers, shelters, after school programs and summer camps** can all play a vital and influential role in changing nutritional habits to help ensure our children and youth have a healthier future.

Thank you for taking the time to serve the children of our Nation's Capital nutritious meals. I look forward to working with and celebrating with you the rewarding results you will glean from all of your hard work and dedication while participating in the DC Free Summer Meals Program and as reflected in the many happy smiles of the children...today and tomorrow.

Sincerely,

Elisabeth Sweeting

Program Coordinator

Division of Wellness and Nutrition Services

Office of the State Superintendent of Education



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
Division of Wellness and Nutrition Services
2015 D.C. Free Summer Meals Program
Application Checklist

Due date is May 21, 2015

Submit two copies of the application package with supporting documents, unless otherwise indicated. At least one application package must contain original signatures on the appropriate forms.

If submitting documents electronically, the signature pages containing original signatures must be delivered to the State agency.

Application Document	Required
Application	
Site Information Sheet for each site.	
Permanent Agreement and Policy Statement	
Audit Requirement Questionnaire	
One Month FSMP/HSA Menu	
Pre-Award Civil Rights Questionnaire	
Media Release for Open and/or Enrolled sites or Camps	
Master Collection Form	
Proof of W-9 Federal Employer Identification Number (EIN)	
Copy of IRS 501 C(3) Exemption Status	
Copy of Food Safety Handlers Certificates for each Vended Sites	
Copy of DOH Food Safety Manager Certificates for each Self-Prep Sites	
Sponsors of day and residential CAMPS ONLY	
Camp Hearing Procedures	
Sponsors with VENDED MEALS ONLY	
<u>Contracts greater than \$100,000*</u>	
• Request for Proposal for Food Service Management Company; or	
• Annual Contract Renewal and Extension	
<u>Procurement Contract Package</u>	
Government/Public Agency: total contract value is ≤\$25,000	
Private Nonprofit: total contract value is ≤\$100,000	
<u>Local Educational Agency (LEA) Agreement</u>	
Agreement for Local Educational Agency to Furnish Meals	



Office of the State Superintendent of Education (OSSE)
DC Free Summer Meals Program (FSMP)

2015 APPLICATION

Complete ALL questions and submit supporting documentation

Name of Sponsoring Organization:	
DUN's Number:	
Federal Employer Identification Number (EIN):	

1. Type of Agency:				
Local Educational Agency <input type="checkbox"/>	Government <input type="checkbox"/>	Nonprofit Organization* <input type="checkbox"/>	NYSP** <input type="checkbox"/>	Camp** <input type="checkbox"/>

**Nonprofit private organizations must submit documentation of their IRS 501(c)(3) exemption status.*

*** Must submit documentation of enrollment process used to determine free/reduced priced eligibility.*

2. Non-Profit Eligibility Status:			
<input type="checkbox"/> Government	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Non-Religious/Non Profit	<input type="checkbox"/> Faith Based/Non Profit

3. Authorized Representative: <i>Individual legally and fiscally responsible for the organizations FSMP operations</i>			
Name and Title: <input type="text"/>			
Address: <input type="text"/>			
Phone: <input type="text"/>	Fax: <input type="text"/>	Email: <input type="text"/>	

4. Contact Person: <i>Individual OSSE communicates with regarding daily FSMP operations</i>			
Name and Title: <input type="text"/>			
Address: <input type="text"/>			
Phone: <input type="text"/>	Fax: <input type="text"/>	Email: <input type="text"/>	
Designee of Authorized Representative (Authorized to sign Program documents and claims) :			<input type="checkbox"/> Yes <input type="checkbox"/> No Initial: <input type="text"/>

5. Other U.S. Department of Agriculture programs that the organization participates in: <input type="checkbox"/> None			
<input type="checkbox"/> CACFP	<input type="checkbox"/> National School Lunch Program <input type="checkbox"/> School Breakfast Program	<input type="checkbox"/> Food Distribution/Commodities	<input type="checkbox"/> Special Milk Program

6. Describe the type of ongoing year-round service the agency provides to the community. If no ongoing year-round service is provided, describe the primary purpose of the organization.

7. Did the organization expend \$500,000 or more in federal funds during the most recently completed fiscal year?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify each source of federal funds, the amount expended for each and submit an audit report with this application)			
8. Has the organization ever been determined seriously deficient in the operation of any Federal child nutrition program?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide explanation:			
9. Has anyone employed by the organization and who is involved in the administration of the FSMP, ever been convicted of fraud or abuse of federal funds?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide explanation:			
10. Is the organization requesting Advance payments?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> June: \$	<input type="checkbox"/> July: \$	<input type="checkbox"/> August: \$

11. Operating Dates:	Earliest Start Date:	Latest End Date:
12. Total Number of Sites:		
<i>If more than one site, skip questions 13 – 14c and complete Site Information Sheet for each site</i>		
13. Meal Types:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack
	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
14a. Meal Service:	Follows the Healthy School Act (HSA) meal pattern requirements	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14b. Meal Times:	<input type="checkbox"/> Breakfast:	<input type="checkbox"/> AM Snack
	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
14c. Weekend Meal Service: <i>(indicate meal times and type)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	<input type="checkbox"/> Saturday:	<input type="checkbox"/> Sunday:
15a. Source of Meals:	<input type="checkbox"/> Self-Preparation	
	<input type="checkbox"/> Vended – Name of Food Service vendor:	
For information about procurement process for obtaining meals, contact the FSMP Program Specialist at 202-724-7628.		
15b. Commodities: If eligible and there is a surplus, does the organization want to receive USDA commodities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

16. Administrative staff and site personnel must be trained annually on FSMP requirements. Documentation of the training must be maintained on file. Training of <u>site</u> personnel shall at the minimum, include:			
a) Purpose of the FSMP, b) site eligibility, c) recordkeeping, d) site operations, e) meal pattern requirements, and f) duties of a monitor.			
Date(s) of training for organization's <u>administrative</u> staff: (attach separate sheet if necessary)			
Date(s) of training for organization's <u>site</u> personnel: (attach separate sheet if necessary)			

17. List all sources of income, other than the USDA reimbursements, specifically designated for food service and how it will be used:	
18. FSMP Budget (Refer to the <i>USDA SFSP Administrative Guidance for Sponsors</i> handbook for assistance with preparing your budget.)	
Salaries/Food Service Labor:	\$
Food:	\$
Nonfood supplies:	\$
Food service equipment rental:	\$

Building rental/Utilities/Telecommunications:	\$
Transportation:	\$
Office equipment/supplies:	\$
Other:	\$
Total Budget:	\$
Subtract the anticipated reimbursement: <i>Based on the projected number of meals served, by each meal type, multiplied by the rate of reimbursement for each meal type served. See FSMP Reimbursement Worksheet for assistance.</i>	\$ -
Balance: <i>Indicate how surplus funds will be utilized to improve the meals service program or how budgetary deficits will be addressed</i>	\$

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19. License Types <i>(Provide information for all that apply)</i>	Expiration Date	License Number
BBL (Basic Business License)		
CO (Certificate of Occupancy)		
CCL (Child Care License)		
BUA (Building Use Agreement)		
HI (Health Inspection)		
FI (Fire Inspection)		

20. Administrative Staff and Site Personnel Training: Annual training on basic food safety requirements, per the District of Columbia's Department of Health regulations is required. Documentation of food safety training must be submitted and maintained on file during the FSMP operation period. Training of site personnel shall at the minimum, include all persons handling food.

***** Training is MANDATORY for individuals that are not certified as Safe Food Handler's under the Department of Health.**
Please list the names of site personnel in need of this training.

Administrative staff: (attach separate sheet if necessary)

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Site personnel: (attach separate sheet if necessary)

CERTIFICATION AND STATEMENT OF ASSURANCE: I certify that the information submitted on this Application, including attachments, is true and correct and am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I assure that all children will be served the same meals, that there will be no discrimination in the course of the food service, and that if not a camp, the meals served will be free at all sites.

Signature of Authorized Representative

Date

Print Name and Title